

February 18, 2016

Tom Moe
USS Corporation
P.O. Box 417
Mountain Iron, MN 55768

RE: Project: NPDES-LINE 3 Wkly
Pace Project No.: 1260908

Dear Tom Moe:

Enclosed are the analytical results for sample(s) received by the laboratory on February 10, 2016. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Heather R Zika
heather.zika@pacelabs.com
Project Manager

Enclosures

cc: Terri Sabetti, NTS



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792

Alaska Certification #MN01084

Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445

North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470

WA Department of Ecology Lab ID# C1007

Nevada DNR #MN010842015-1

Oklahoma Department of Environmental Quality

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SAMPLE SUMMARY

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

Lab ID	Sample ID	Matrix	Date Collected	Date Received
1260908001	WS-002 Scrubber Make-up	Water	02/10/16 08:35	02/10/16 14:15
1260908002	WS-003 Thickener Overflow	Water	02/10/16 08:30	02/10/16 14:15

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SAMPLE ANALYTE COUNT

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
1260908001	WS-002 Scrubber Make-up	EPA 200.7	MAR	3	PASI-V
		EPA 300.0	BEM	1	PASI-V
1260908002	WS-003 Thickener Overflow	EPA 200.7	MAR	3	PASI-V
		EPA 300.0	BEM	1	PASI-V

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ANALYTICAL RESULTS

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

Sample: WS-002 Scrubber Make-up Lab ID: 1260908001 Collected: 02/10/16 08:35 Received: 02/10/16 14:15 Matrix: Water									
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP, Lab Filtered Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Calcium, Dissolved	104	mg/L	5.0	0.29	1	02/16/16 14:45	02/17/16 13:22	7440-70-2	
Magnesium, Dissolved	216	mg/L	5.0	0.67	1	02/16/16 14:45	02/17/16 13:22	7439-95-4	
Total Hardness, Dissolved	1150	mg/L	100	50.0	1	02/16/16 14:45	02/17/16 13:22		
300.0 IC Anions 28 Days Analytical Method: EPA 300.0									
Sulfate	828	mg/L	20.0	0.89	10		02/16/16 19:07	14808-79-8	

Sample: WS-003 Thickener Overflow Lab ID: 1260908002 Collected: 02/10/16 08:30 Received: 02/10/16 14:15 Matrix: Water									
Parameters	Results	Units	Report Limit	MDL	DF	Prepared	Analyzed	CAS No.	Qual
200.7 MET ICP, Lab Filtered Analytical Method: EPA 200.7 Preparation Method: EPA 200.7									
Calcium, Dissolved	1200	mg/L	5.0	0.29	1	02/16/16 14:45	02/17/16 13:32	7440-70-2	
Magnesium, Dissolved	ND	mg/L	5.0	0.67	1	02/16/16 14:45	02/17/16 13:32	7439-95-4	
Total Hardness, Dissolved	3000	mg/L	100	50.0	1	02/16/16 14:45	02/17/16 13:32		
300.0 IC Anions 28 Days Analytical Method: EPA 300.0									
Sulfate	1920	mg/L	40.0	1.8	20		02/16/16 19:29	14808-79-8	

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QUALITY CONTROL DATA

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

QC Batch: MPRP/6482

Analysis Method: EPA 200.7

QC Batch Method: EPA 200.7

Analysis Description: 200.7 MET Dissolved

Associated Lab Samples: 1260908001, 1260908002

METHOD BLANK: 288570

Matrix: Water

Associated Lab Samples: 1260908001, 1260908002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Calcium, Dissolved	mg/L	ND	0.50	0.029	02/17/16 13:03	
Magnesium, Dissolved	mg/L	ND	0.50	0.067	02/17/16 13:03	

LABORATORY CONTROL SAMPLE: 288571

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Calcium, Dissolved	mg/L	50	52.1	104	85-115	
Magnesium, Dissolved	mg/L	50	52.1	104	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 288572

288573

Parameter	Units	1260950001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Calcium, Dissolved	mg/L	351	50	50	400	403	97	104	70-130	1	20	
Magnesium, Dissolved	mg/L	129	50	50	174	179	91	100	70-130	3	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 288574

288575

Parameter	Units	1260908001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Calcium, Dissolved	mg/L	104	500	500	624	629	104	105	70-130	1	20	
Magnesium, Dissolved	mg/L	216	500	500	732	738	103	104	70-130	1	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALITY CONTROL DATA

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

QC Batch: WETA/15676

Analysis Method: EPA 300.0

QC Batch Method: EPA 300.0

Analysis Description: 300.0 IC Anions

Associated Lab Samples: 1260908001, 1260908002

METHOD BLANK: 288552

Matrix: Water

Associated Lab Samples: 1260908001, 1260908002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Sulfate	mg/L	ND	2.0	0.089	02/16/16 13:59	

LABORATORY CONTROL SAMPLE: 288553

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Sulfate	mg/L	50	48.8	98	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 288554 288555

Parameter	Units	1260850001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	17.3	100	100	118	117	100	100	90-110	0	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 288556 288557

Parameter	Units	1260936001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Sulfate	mg/L	30.2	50	50	81.3	81.3	102	102	90-110	0	20	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALIFIERS

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-V Pace Analytical Services - Virginia

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: NPDES-LINE 3 Wkly

Pace Project No.: 1260908

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
1260908001	WS-002 Scrubber Make-up	EPA 200.7	MPRP/6482	EPA 200.7	ICP/4938
1260908002	WS-003 Thickener Overflow	EPA 200.7	MPRP/6482	EPA 200.7	ICP/4938
1260908001	WS-002 Scrubber Make-up	EPA 300.0	WETA/15676		
1260908002	WS-003 Thickener Overflow	EPA 300.0	WETA/15676		

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CHAIN-OF-CUSTODY / Analytical Request Document
The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed.

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mn. Iron, MN 55768
Phone: _____
Fax: _____
Email: _____
Requested Due Date: _____

Section B

Required Project Information:

Report To: Tom Moe
Copy To: _____
Purchase Order #: _____
Project Name: NPDES-LINE 3 Wtly
Project #: _____

Section C

Invoice Information:

Attention: _____
Company Name: _____
Address: _____
Purchase Order #: _____
Pace Project Manager: _____
Pace Profile #: _____

W0# : 12609008

PM: HRZ Due Date: 02/24/16

CLIENT: USS CORP

1 of 1

SAMPLE ID
One Character per box.
(A-Z, 0-9, /, -)
Sample ids must be unique

MATRIX CODE
Drinking Water DW
Water WT
Waste Water WW
Product P
Solid/Solid SL
Oil OL
Wipe WP
Air AR
Other OT
Tissue TS

MATRIX CODE (see valid codes to left)
SAMPLE TYPE (G=GRAB C=COMP)

COLLECTED
START END
DATE TIME DATE TIME
SAMPLE TEMP AT COLLECTION

OF CONTAINERS
Unpreserved
H2SO4
HNO3
HCl
NaOH
Na2S2O3
Methanol
Other

LAB FILTERED: SO4
Lab FILTERED: Ca,Mg,Hard

Residual Chlorine (Y/N)

WS-002 Scrubber Make-Up
WS-003 Thickener Overflow

WT WT
2/16/08 8:33 2/16/08 8:33
2/16/08 8:30 2/16/08 8:30

X X
X X

LF LF
LF LF

Paul Mestrich

2/10/16 14:15

Cur

2/8/16 14:15

2.9

Y

W

Y

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

Paul Mestrich

DATE Signed:


2/10/16

TEMP in C

Received on Ice (Y/N)

Custody Sealed Cooler (Y/N)

Samples Intact (Y/N)

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

USS

Project #:

WO#: 1260908



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other:

Tracking Number:

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 2.6 Cooler Temp Corrected °C: 2.9 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: 2-10-16 CR

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WT		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: Date/Time:

Comments/Resolution:

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Heather 30

Date:

2/12/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)